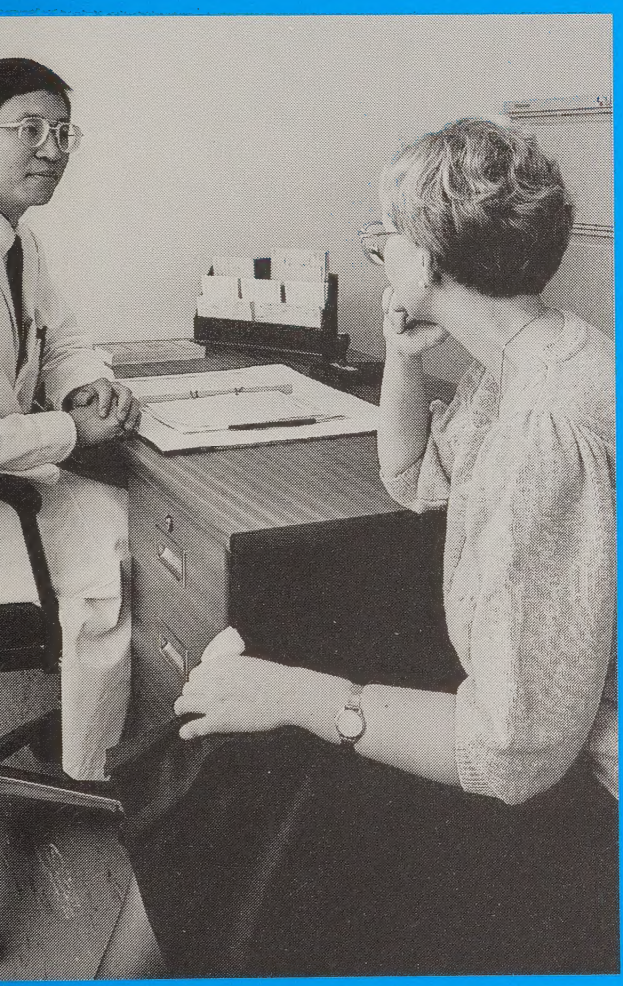
MC0080

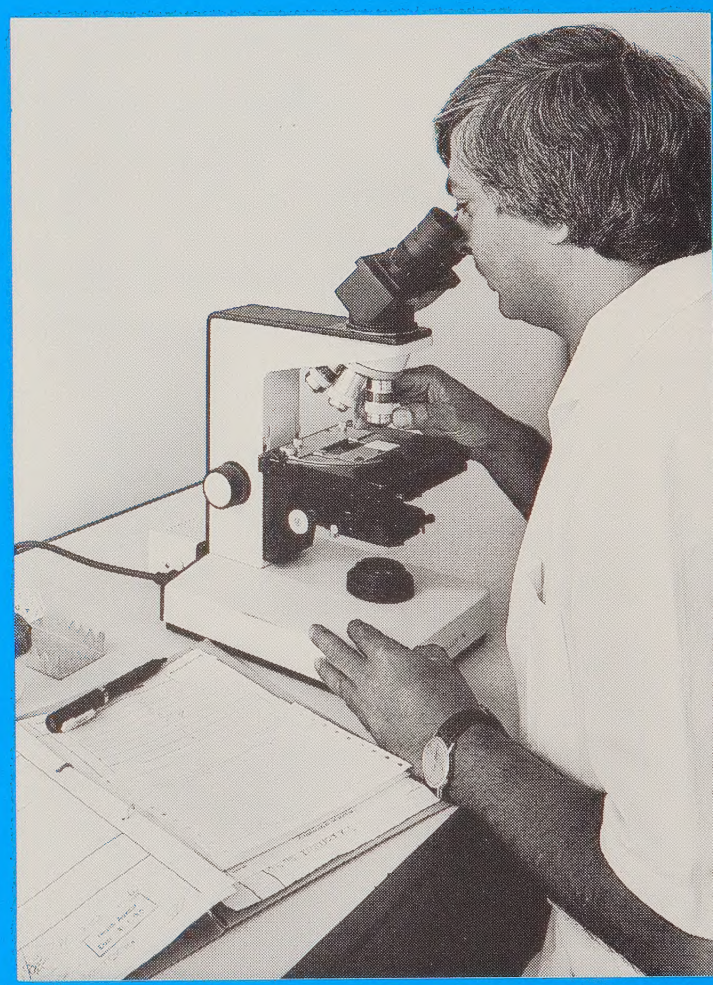
HEALTH BUILDING NOTE 12

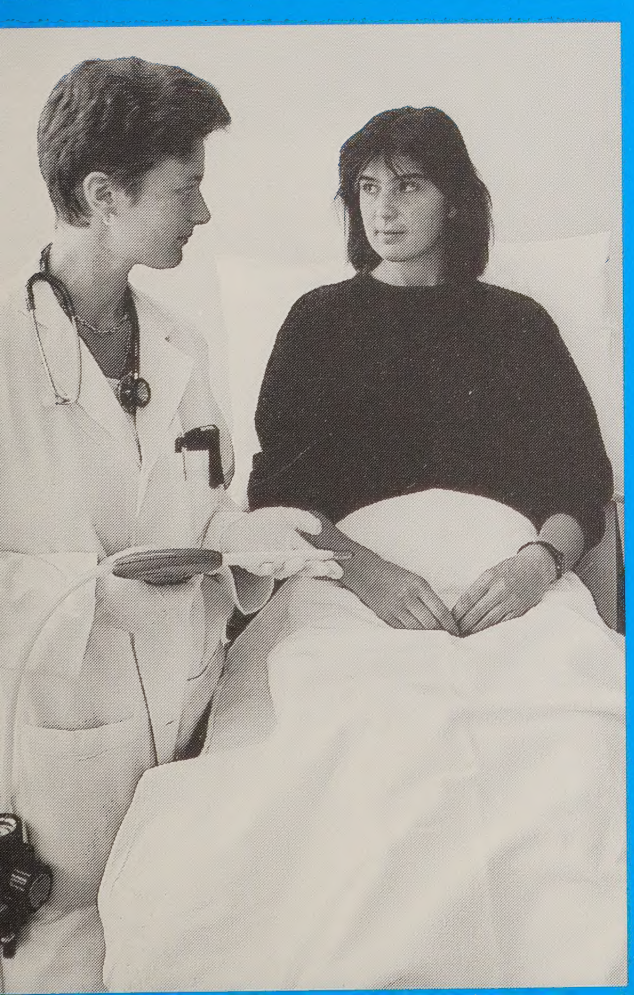
SUPPLEMENT 1

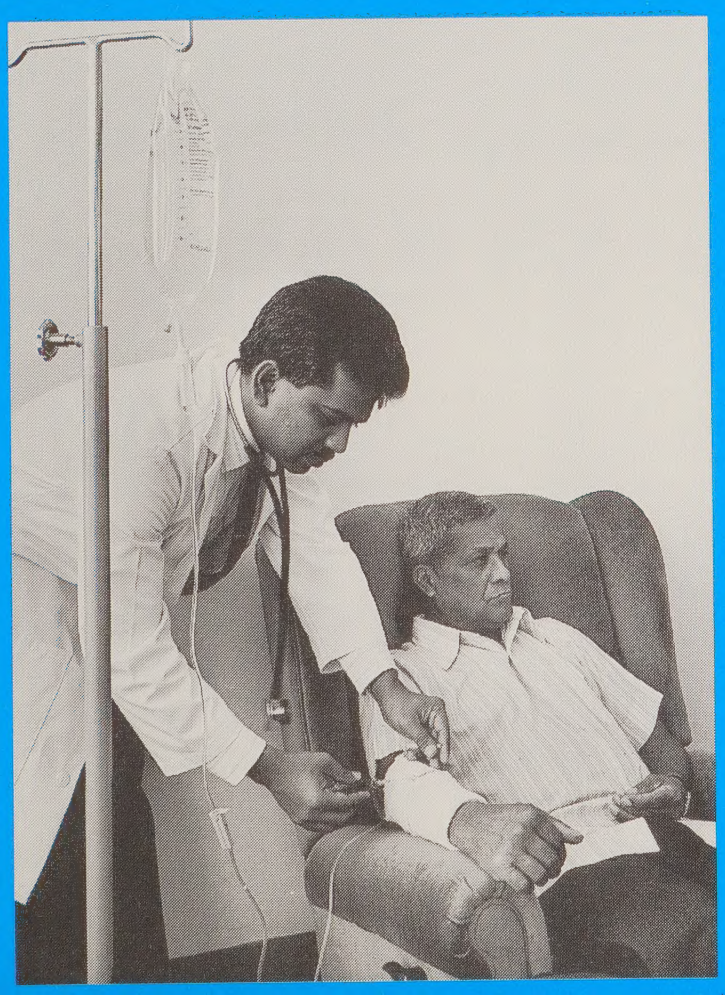
Genito Urinary Medicine Clinics

DEPARTMENT OF HEALTH,
WELSH OFFICE and the
DEPARTMENT OF HEALTH AND
SOCIAL SECURITY (NI)









Health Building Notes (HBNs) are guides to assist those responsible for the briefing and design stages of schemes for providing new, or adapting or extending Health Buildings. Alternative solutions and their cost implications are discussed where appropriate. Cost allowances are based on the standards described in each HBN.

HBNs are usually published with a companion Design Briefing System (DBS) notebook. This considerably facilitates the project team's task of translating the guidance in the related HBN into a brief for designers.

Building Note Supplements—such as this Supplement to Health Building Note 12 'Out-patients Department'—must be read together with the associated Health Building Note. Similarly both DBS notebooks must be used together.

Separate Cost Allowances, which are based on the standards described, are available for the specific areas outlined in each Supplement.

Contents

		Page
1	**Scope of Supplement 1 to Health Building Note 12**	**3**
2.	**General Service Considerations**	**4**
2.1	Introduction	4
2.7	Scale of provision	6
2.10	Functional units	6
2.13	Main functions of a GUM out-patients clinic	6
2.14	Appointment flexibility	6
2.16	Clinical management of patients	6
2.17	Health advising in sexually transmitted diseases	7
2.18	HIV infection and AIDS	7
3.	**General Functional and Design Requirements**	**9**
3.1	Introduction	9
3.2	Planning and design	9
3.3	Location and relationships	9
3.4	GUM clinic accommodation	9
3.5	Access and clinic waiting	12
3.6	Reception and registration	12
3.7	Consulting and examination rooms	12
3.8	Treatment room	12
3.10	Interview room	13
3.11	Patient and specimen WCs	13
3.12	Offices	13
3.14	Primary analysis facility	13
3.16	Health records store	13
3.18	Signposting	13
3.19	Security	13
3.20	Telephone services	13
4.	**Specific Functional and Design Requirements**	**14**
4.1	Introduction	14
4.3	Clinic reception	14
4.5	Clinic waiting area	14
4.6	Combined consulting and examination rooms	14
4.9	Treatment room	14
4.12	Colposcopy room with consulting facility	14
4.13	Interview room	14
4.14	Primary analysis facility	14
4.17	Health records store	15
4.19	Equipment store	15
5.	**Environmental and Other Topics**	**16**
6.	**Engineering Considerations**	**17**
7.	**Cost Information**	**18**
7.1	Introduction	18
7.3	Functional units	18
7.6	Works cost	18
7.9	Circulation	18
7.10	Communications	18
7.11	Dimensions and areas	18
7.12	Engineering services	18
8.	**Activity Data**	**20**
	List of Activity Data A-Sheets	20
Appendix 1	Sizing of GUM clinic	21
Appendix 2	Factors used in sizing health records store	22

Digitized by the Internet Archive
in 2025 with funding from
UCL Library Special Collections

https://archive.org/details/ucl_mc0080

1 Scope of Supplement 1 to Health Building Note 12

1.1 Health Building Note (HBN)12, Supplement 1, is a guide to the planning and design of genito urinary medicine (GUM) out-patients clinics located in general out-patients departments (OPD) of District General Hospitals (DGH).

1.2 It is a Supplement to HBN 12, 'Out-patients Department', 1989, which provides planning and design guidance for general out-patients accommodation, and should be read in conjunction with HBN12.

1.3 Supplement 1 replaces the Design Guide 'Special Treatment Clinic', 1974, and responds to many changes which have occurred in the GUM service since that time, including:

a. an increase in overall patients numbers;

b. a change in the case mix from bacterial infection (such as syphilis and gonorrhoea) to viral infection (such as herpes and warts);

c. the advent of HIV infection and AIDS;

d. the attendance of patients who are better informed and have higher expectations with regard to quality of service;

e. technological advances.

1.4 The Supplement also takes into account the recommendations relevant to health buildings of the 'Report of the Working Group to Examine Workloads in Genito Urinary Medicine Clinics' (the 'Monks report'), November 1988. Key recommendations were:

a. the need for GUM and HIV infection provision in every District;

b. GUM clinics should be situated in the general OPD of a DGH;

c. the standard of accommodation should be no less than that recommended in HBN 12.

2. General Service Considerations

Introduction

2.1 People attend GUM out-patients clinics to seek confidential advice and treatment in conditions of privacy in connection with sexually transmitted diseases and other genital tract infections.

2.2 Those attending GUM out-patients clinics are:

a. nearly all ambulant;

b. usually alone, although there is an increasing tendency for them to come with a partner or friend;

c. mainly young adults;

d. children, as patients or accompanying adults.

2.3 Nearly 70% of out-patients self-refer, either from self-concern or as a result of contact tracing. The remainder are referred mainly by general medical practitioners and other clinical specialists.

2.4 Figures 1 and 2 show:

a. the main conditions of people attending GUM clinics;

b. the generally upward trend in the number of new cases of the main conditions attending;

c. approximately equal numbers of male and female new cases in 1987, when female new cases accounted for 47% of the total.

Figure 3 illustrates the rising number of cases of AIDS. It is estimated that for every person with AIDS there are between 20 and 100 people who are HIV positive.

2.5 The total number of new cases seen at GUM clinics in 1987 was 4% lower than in 1986, the first fall in total numbers since 1962. It is unclear if the downturn will be transient or longer term.

2.6 The number of cases of wart virus infection and HIV infection/AIDS has continued to increase. The significance for the GUM service is, that for both categories of infection:

a. the average number of attendances per case is high;

b. treatment usually continues for a prolonged period and may not be effective;

c. the attendances may be time-consuming;

d. the implications for the patient, family and the contacts are serious.

Fig. 1 New male cases seen at NHS Genito-Urinary clinics in England, 1977–1987/88

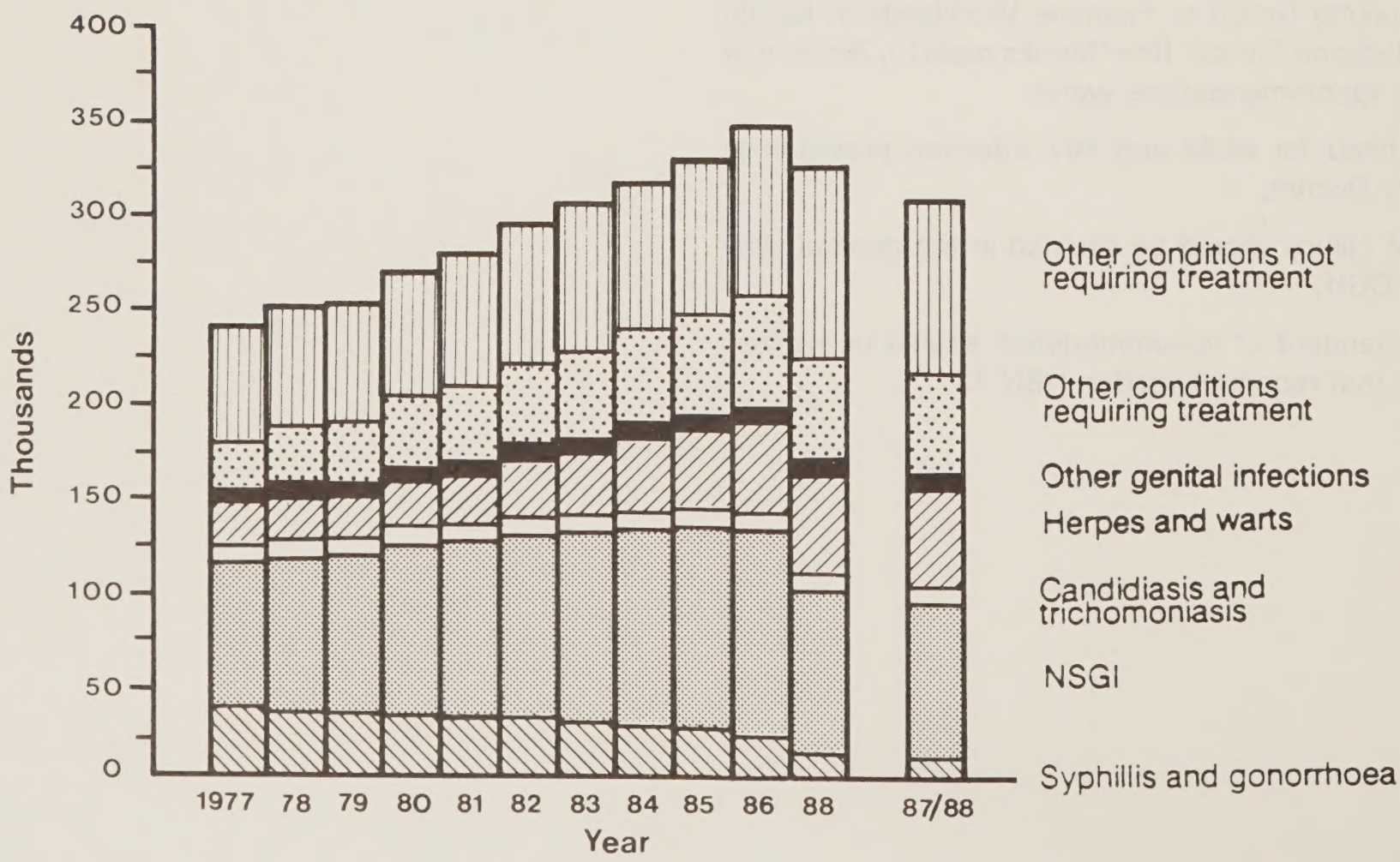
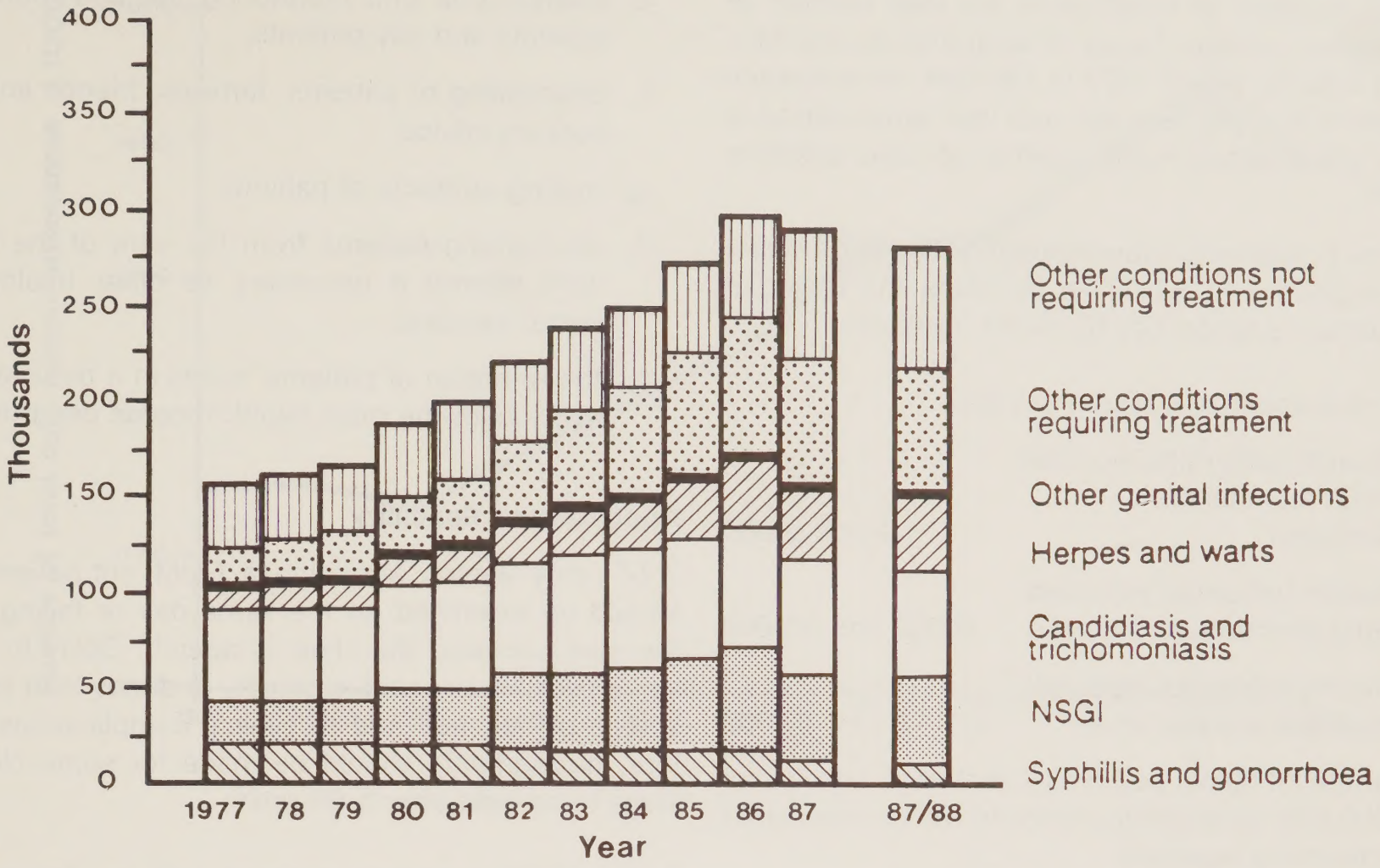


Fig. 2 New female cases seen at NHS Genito-Urinary clinics in England, 1977-1987/88



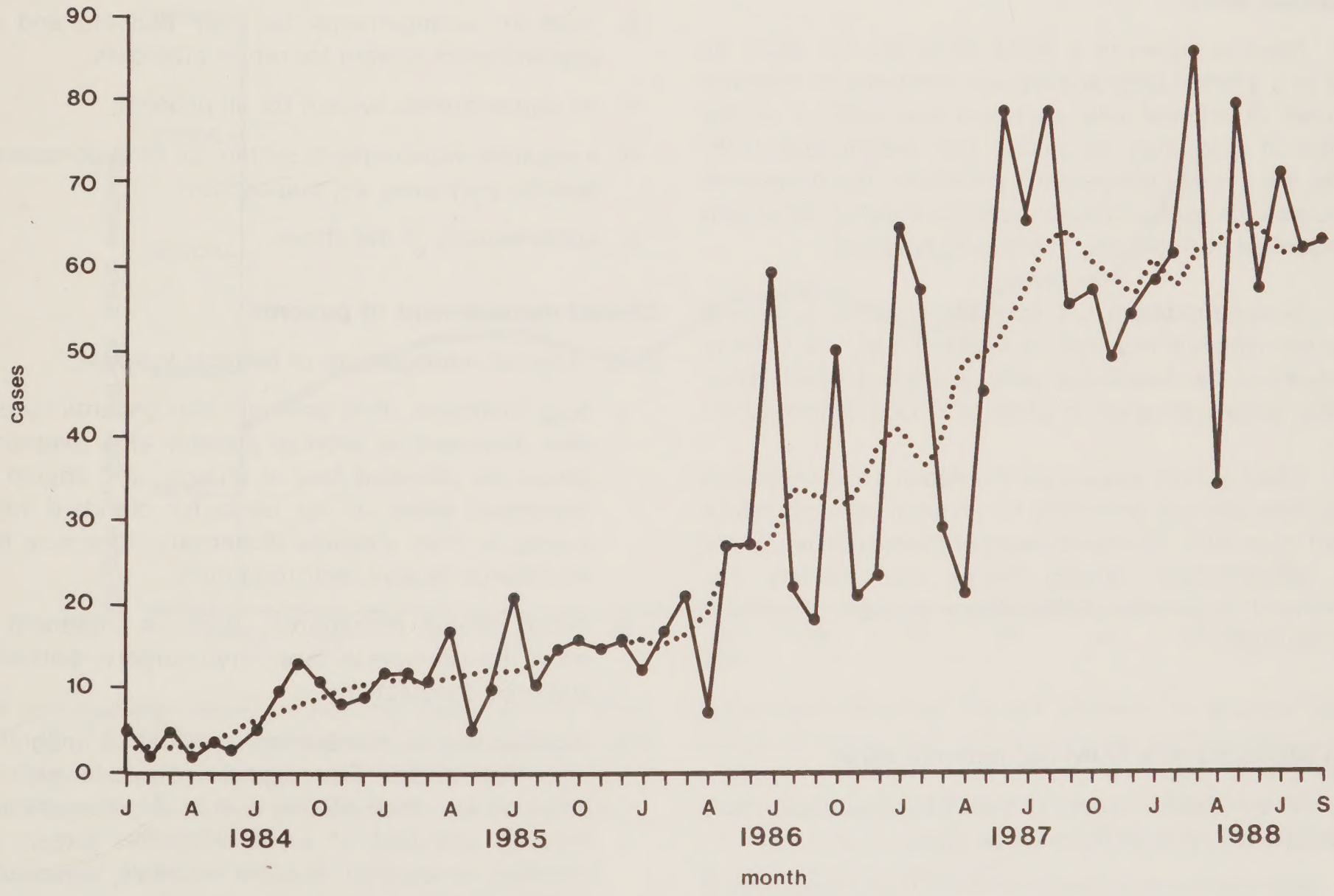


Fig. 3 Number of cases of AIDS reported to CDSC United Kingdom

Scale of provision

2.7 When sizing GUM clinic accommodation, the most convenient measure of workload is the total number of attendances per annum. Figure 4 illustrates the increase in England over the period 1977 to 1987/88. An indication of the growth in GUM services over the same period is shown by the increase in the number of clinic sessions in Figure 5.

2.8 Figure 6 illustrates a breakdown of the GUM workload for England in 1987/88. It indicates the range of total out-patient attendances by Health Authority.

2.9 It is noted from this histogram that:

a. 68 health authorities recorded total attendances between 1 and 5,000

   42 health authorities recorded total attendances between 5,000 and 10,000

   42 health authorities recorded total attendances over 10,000

b. 15 of the 24 health authorities showing in excess of 15,000 total attendances relate to clinics associated with teaching hospitals;

c. 47 health authorities had no GUM clinic service.

Functional units

2.10 Most activities in a GUM clinic are the same as those in a general OPD and the accommodation required is similar. Functional units are taken from HBN12, ie, the number of combined consulting and examination (C/E) rooms, for general out-patients provision. The number of C/E rooms for genito-urinary medicine may be calculated as described in Appendix 1 to this Supplement.

2.11 Accommodation not normally found in a general OPD, but which is required for GUM clinics, will need to be added to the functional units to form a GUM clinic. (Further details are given in Chapter 7, Cost Information.)

2.12 More activity spaces are needed in a self-contained GUM clinic than are necessary for an equivalent clinic built as part of an OPD. To maximise operational efficiency and cost effectiveness, project teams are strongly recommended to provide GUM clinics as part of general OPD facilities.

Main functions of a GUM out-patients clinic

2.13 The main functions of a GUM out-patients clinic are to provide, in conditions of privacy:

a. specialist consultation/examination and collection of specimens for investigation;

b. primary analysis of specimens;

c. treatment of patients;

d. screening for the selection of day-patients and in-patients;

e. following-up and monitoring the condition of out-patients and day-patients;

f. counselling of patients, families, friends and others seeking advice;

g. tracing contacts of patients;

h. discharging patients from the care of the hospital, with referral if necessary to other health and/or social services;

j. the retention of patients' notes in a dedicated store away from the main health records department.

Appointment flexibility

2.14 Any person attending a GUM out-patients clinic should be examined on the same day or failing that on the next occasion the clinic is open[1]. Delay in patients being seen causes undue anxiety and may lead to further spread of infection and to clinical complications. Therefore, arrangments should be made for some clinic sessions to be held after 5.00 pm[2].

2.15 Attendance arrangements will be determined in accordance with local factors, such as clinic size, hospital policies and staffing levels. These may include:

a. 'walk-in' arrangments for all patients;

b. 'walk-in' arrangements for new patients and an appointments system for return attenders;

c. an appointments system for all patients;

d. a separate appointments system for time-consuming specific purposes, eg, colposcopy;

e. combinations of the above.

Clinical management of patients

2.16 Clinical management of patients includes:

a. drug treatment. It is essential that patients receive their treatment as soon as possible after diagnosis. Drugs are provided free of charge, and should be dispensed either in the clinic for standard treatments, or from a nearby dispensary, to ensure that all patients receive their treatment;

b. minor clinical procedures, such as treatment of warts, for example by laser, cryo-surgery, diathermy and cold coagulation;

c. colposcopy. A colposcope provides a magnified view of an object. The original use was for examination of the neck of the womb. A video camera may be attached; if so, a television screen will normally be required. In some hospitals, colposcopy is carried out in gynaecology clinics;

---

[1] Letter from Chief Medical Officer, Department of Health, dated 30th July 1986, to Regional General Managers.

[2] The Public Health (Venereal Diseases) Regulations, 1916

Fig. 4 Increase in the total number of out-patient attendances at G.U.M. Clinics in England during the period 1977 to 1987/88

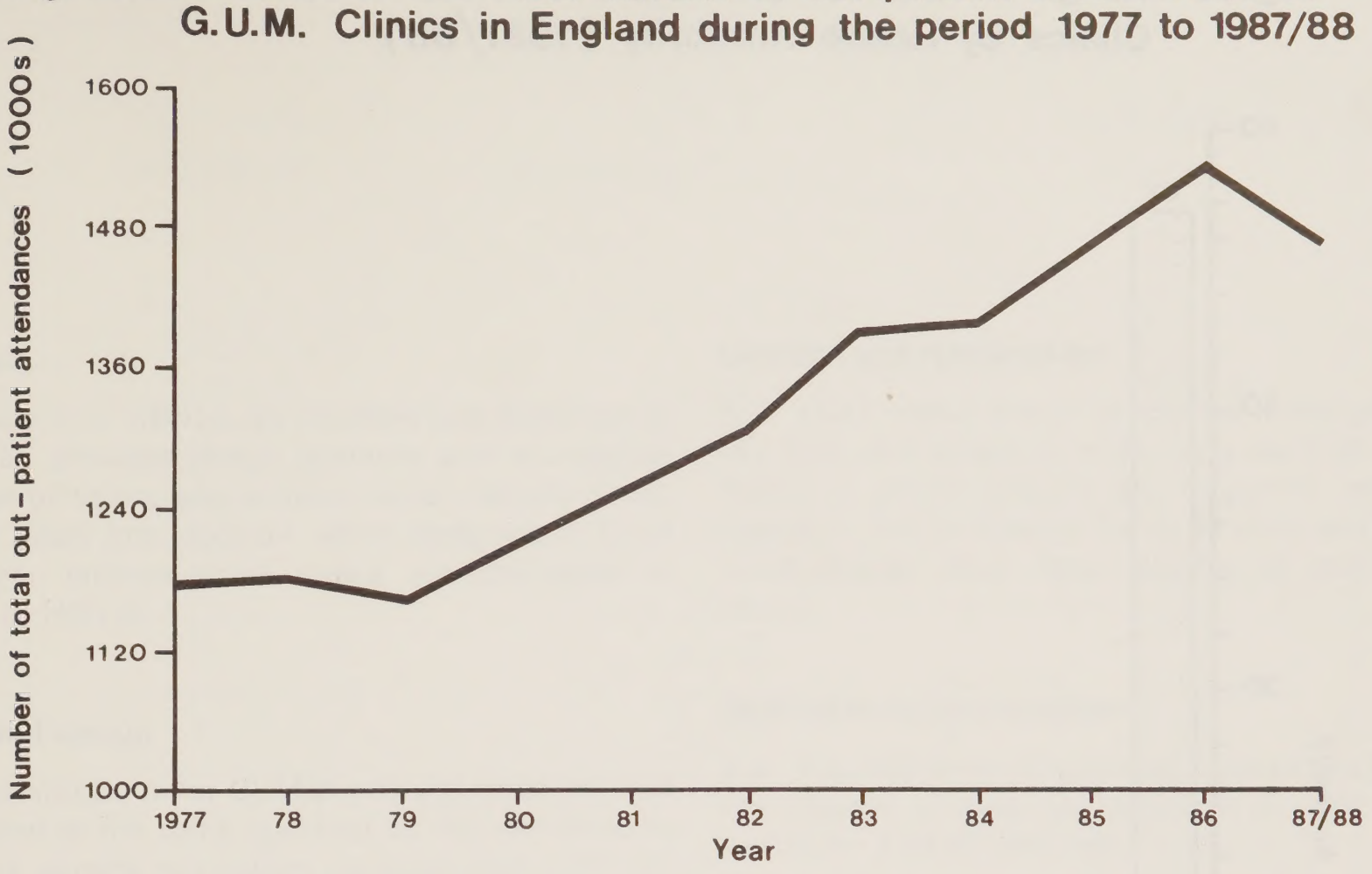
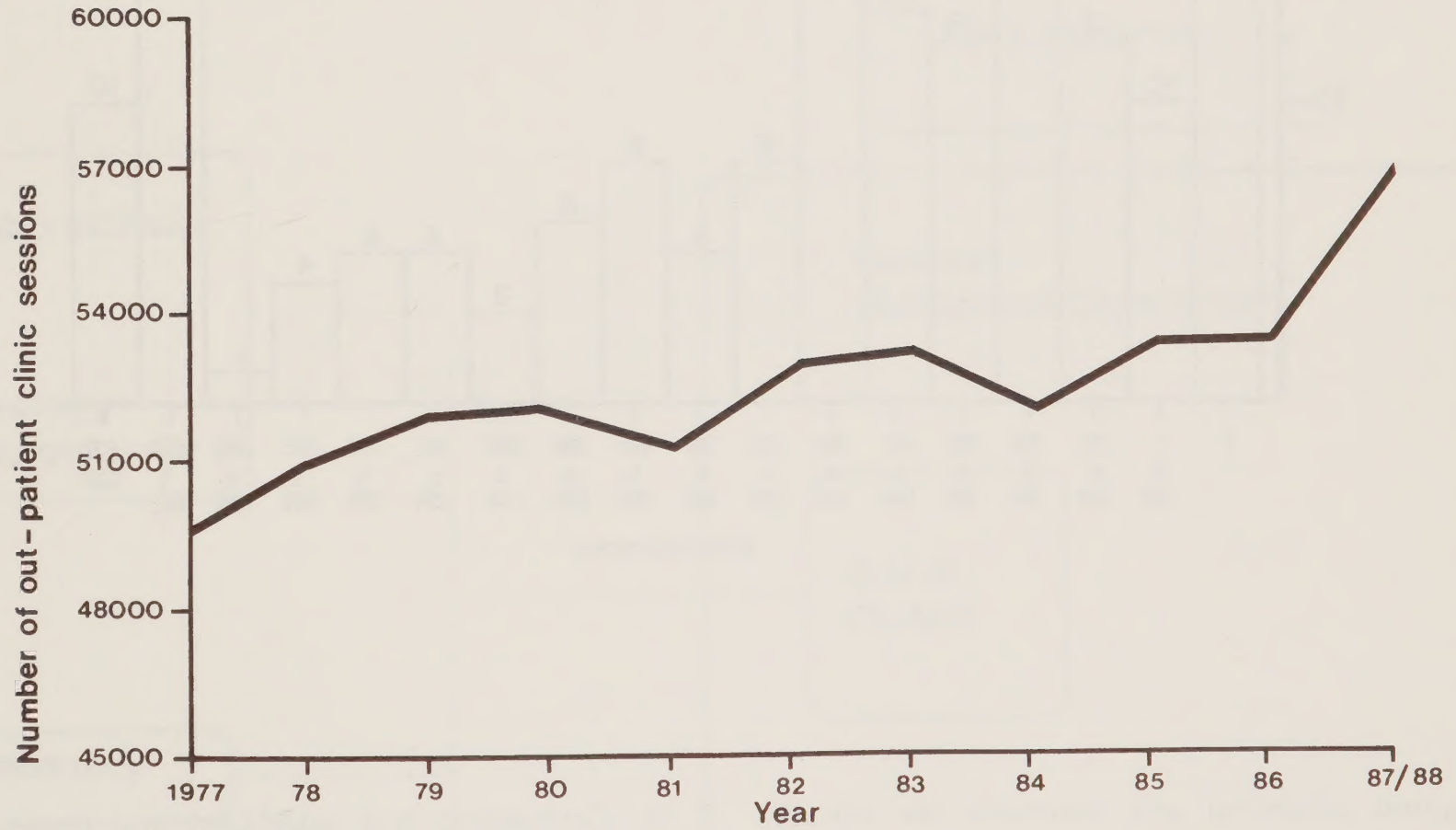


Fig. 5 Increase in the number of out-patient clinic sessions in England during the period from 1977 to 1987/88



d. counselling. Much counselling relates to HIV infection/AIDS. The remainder includes patients who have anxieties about pelvic inflammatory disease, wart virus infection and sexually related problems.

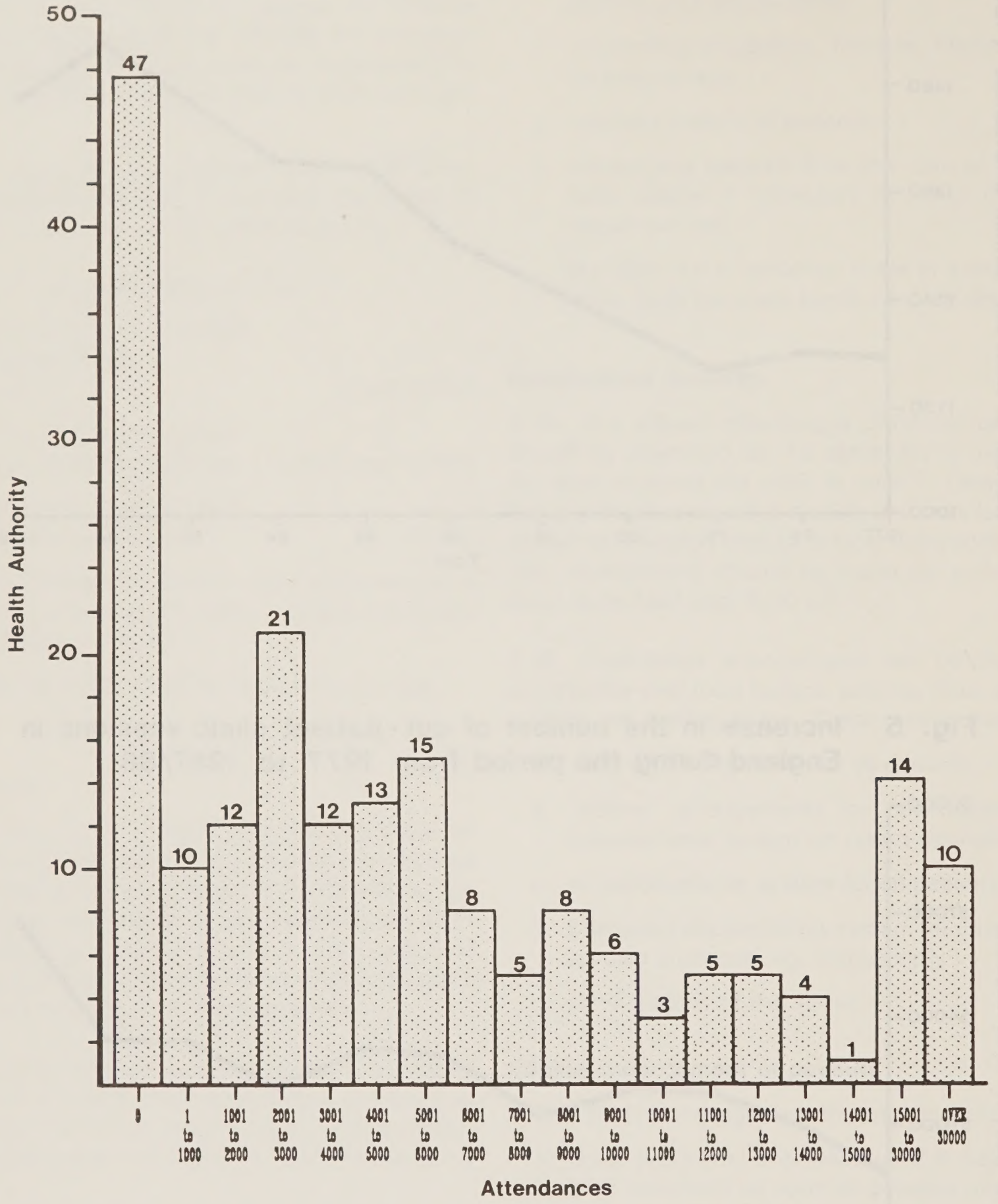
Health advising in sexually transmitted diseases

2.17 Since the publication of The Public Health (Venereal Diseases) Regulations, 1916, contact tracing has been recognised as vital to the control of sexually transmitted diseases. Health advisers in sexually transmitted diseases, formerly known as contact tracers, are a unique staffing requirement of the GUM service: their main responsibilities include contact tracing, health education and counselling, which require privacy with a view to ensuring confidentiality.

HIV infection and AIDS

2.18 GUM clinics should provide out-patient services for people with HIV infection/AIDS because this facilitates:

Fig. 6 Range of total out-patient attendances at G.U. Medicine Clinics by Health Authority (1987/88)



a. concurrent screening and treatment for sexually transmitted diseases;

b. control of the disease. The spread of HIV infection is related to genital ulceration and other sexually transmitted diseases;

c. targetting of AIDS prevention work on people at high risk;

d. ready access to a wide range of relevant clinical expertise;

e. links between health service and community care.

2.19 Counselling is a significant and time-consuming aspect of AIDS related work. Patients must be fully informed before and after HIV antibody testing. If found to be HIV antibody positive, they will need to be carefully and sympathetically counselled when told of the diagnosis. Continued counselling may be required.

2.20 Separate clinic sessions may be held for out-patients with HIV infection/AIDS. Depending on local demand, these could replace or be additional to existing GUM clinic sessions.

3. General Functional and Design Requirements

Introduction

3.1 Chapter 3 of HBN12, as modified and amplified by this Chapter, provides design guidance and information on a range of topics and environmental matters which should be taken into account when designing a GUM clinic. Other environmental topics are discussed in Chapter 5 of HBN12.

Planning and design

3.2 Accommodation for GUM clinics should be planned and designed to the same standard as that described in HBN 12 for general out-patient purposes (see HBN 12, paragraphs 3.7 and 3.25 to 3.33). The general atmosphere should be pleasant and friendly, to help patients and staff feel at ease. Furnishings and lighting should help to create a relaxed and comfortable environment.

Location and relationships

3.3 GUM clinics should be located in the general OPD of a DGH and should be within easy reach of the departments to which patients are frequently referred (see Figure 7). The location of the GUM clinic and the laboratories should allow rapid transfer of specimens and results.

GUM clinic accommodation

3.4 Figure 8 shows the spaces required in a GUM clinic. The majority of these are described in HBN 12. Special spaces for a GUM clinic are:

a. colposcopy room with consulting facility;

b. primary analysis facility;

c. health records store.

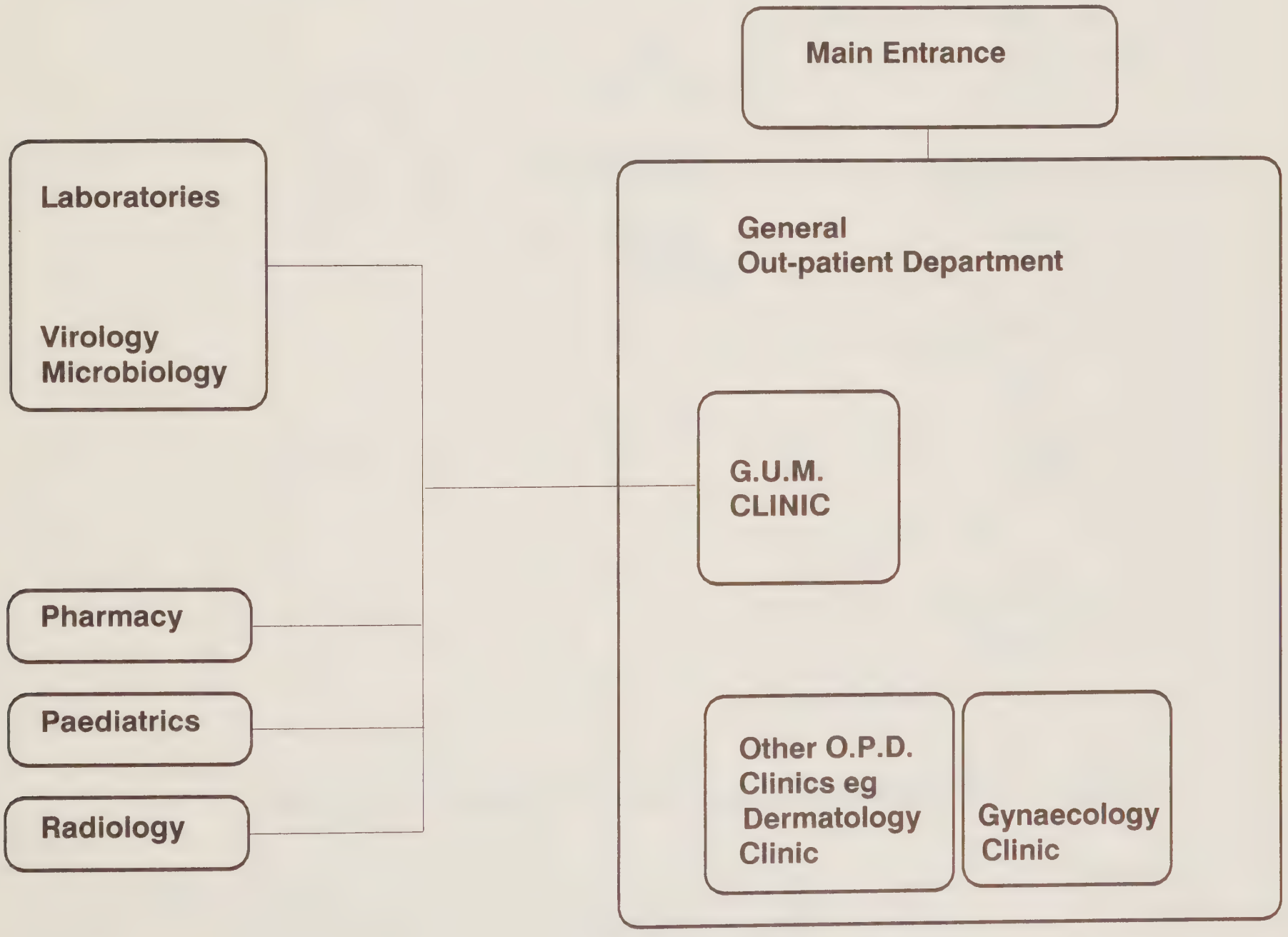


Fig. 7 Key functional departments related to the G.U.M. Clinic

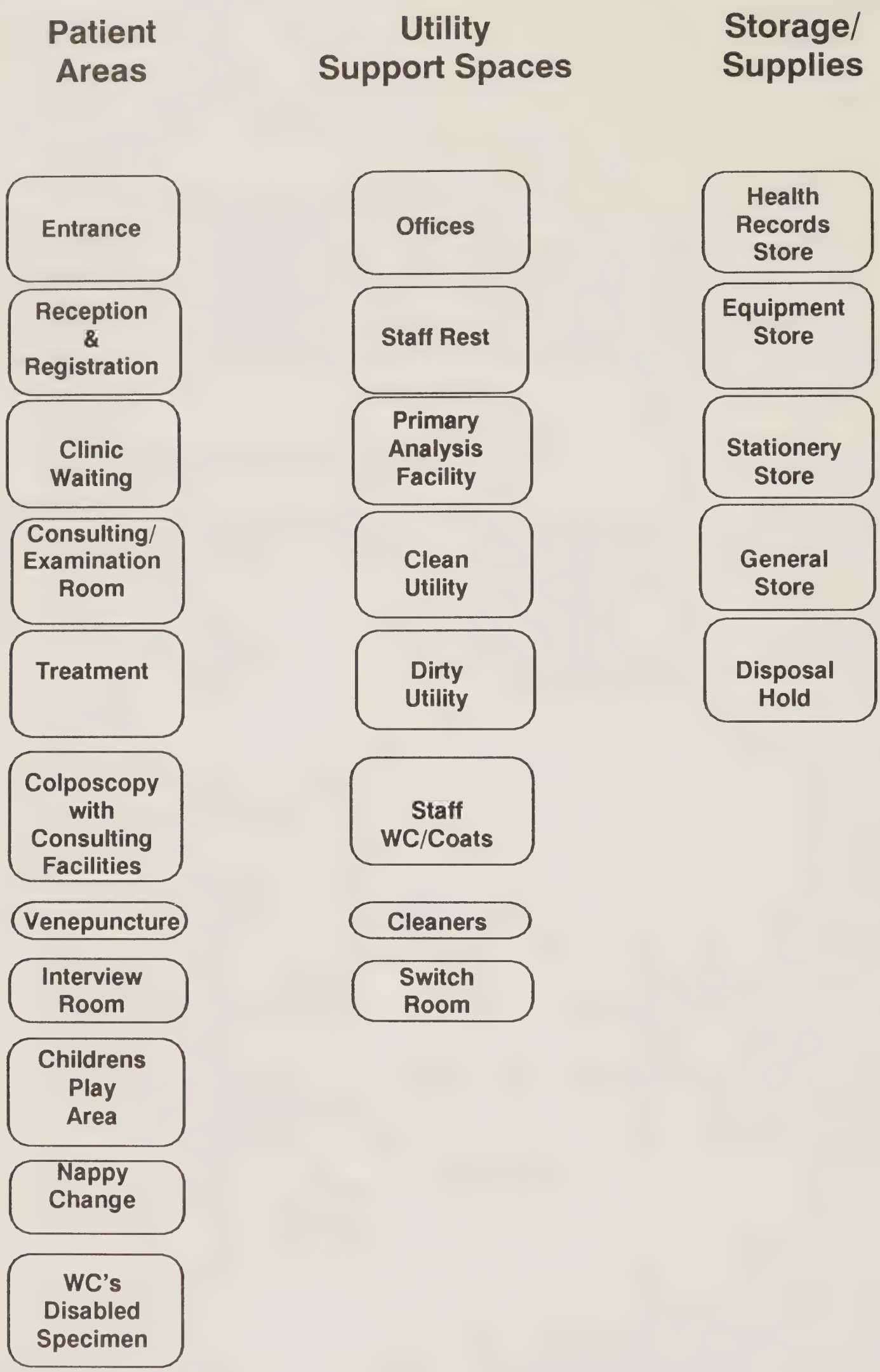


Fig. 8 Accommodation for G.U. Medicine Clinic

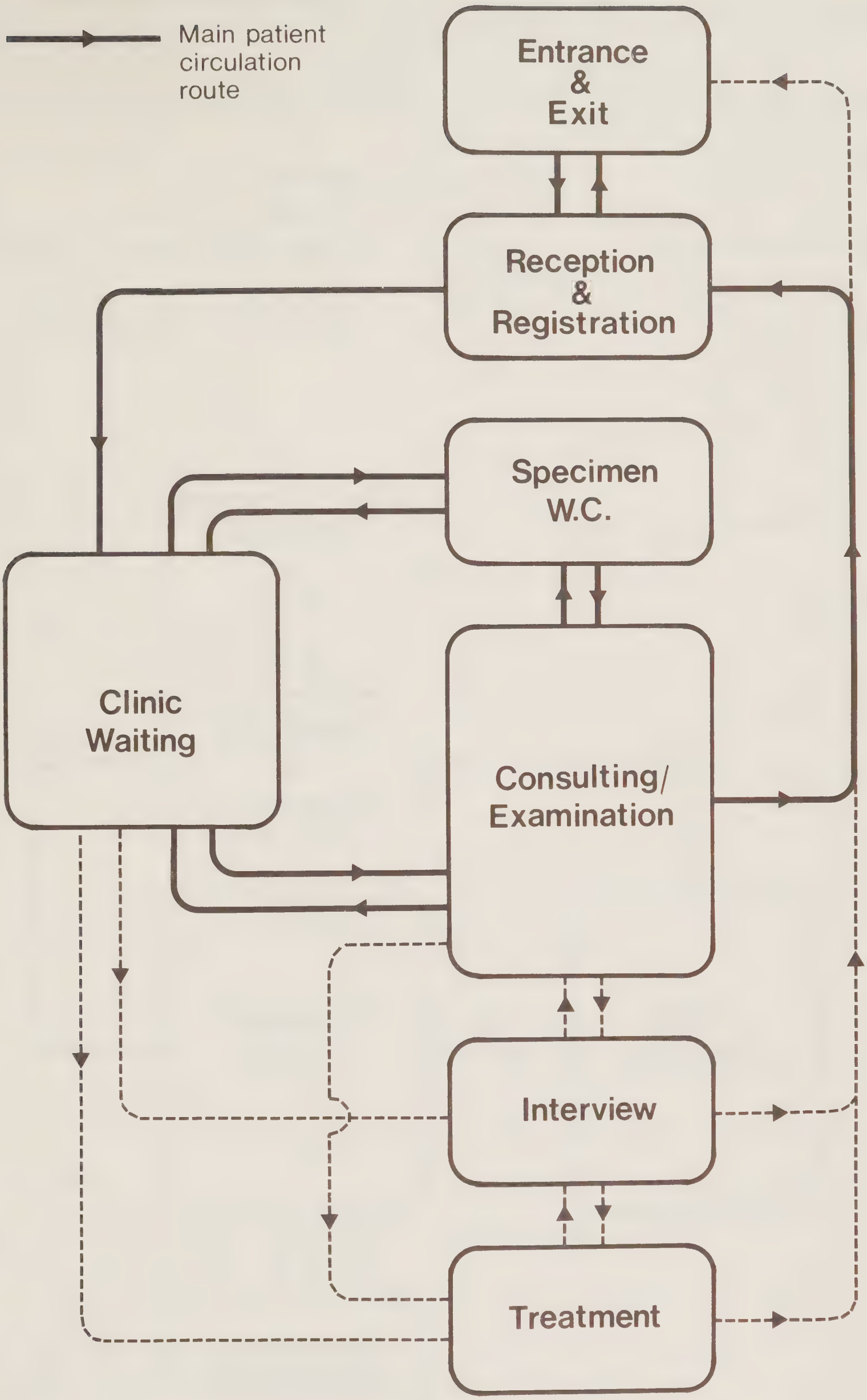


Fig. 9 Patient flow diagram: Use of spaces in G.U.M. Out-patients Department (by appointment or walk-in clinic)

Modifications to OPD spaces required specifically for GUM clinics are described in the following paragraphs.

Access and clinic waiting

3.5 A single access point and clinic waiting area should be provided for all patients.

Reception and registration

3.6 The design of the reception and registration area must ensure privacy to achieve maximum confidentiality for the patient.

Consulting and examination rooms

3.7 Clinics should be arranged so that male and female patients can be seen during the same session. The standard C/E room described in HBN12 is appropriate for use by both male and female patients.

Treatment room

3.8 A treatment room may be used for:

a. general purposes during a routine clinic (see Figure 9);

b. specific purposes, either on a 'walk-in' or appointment basis, eg, colposcopy;

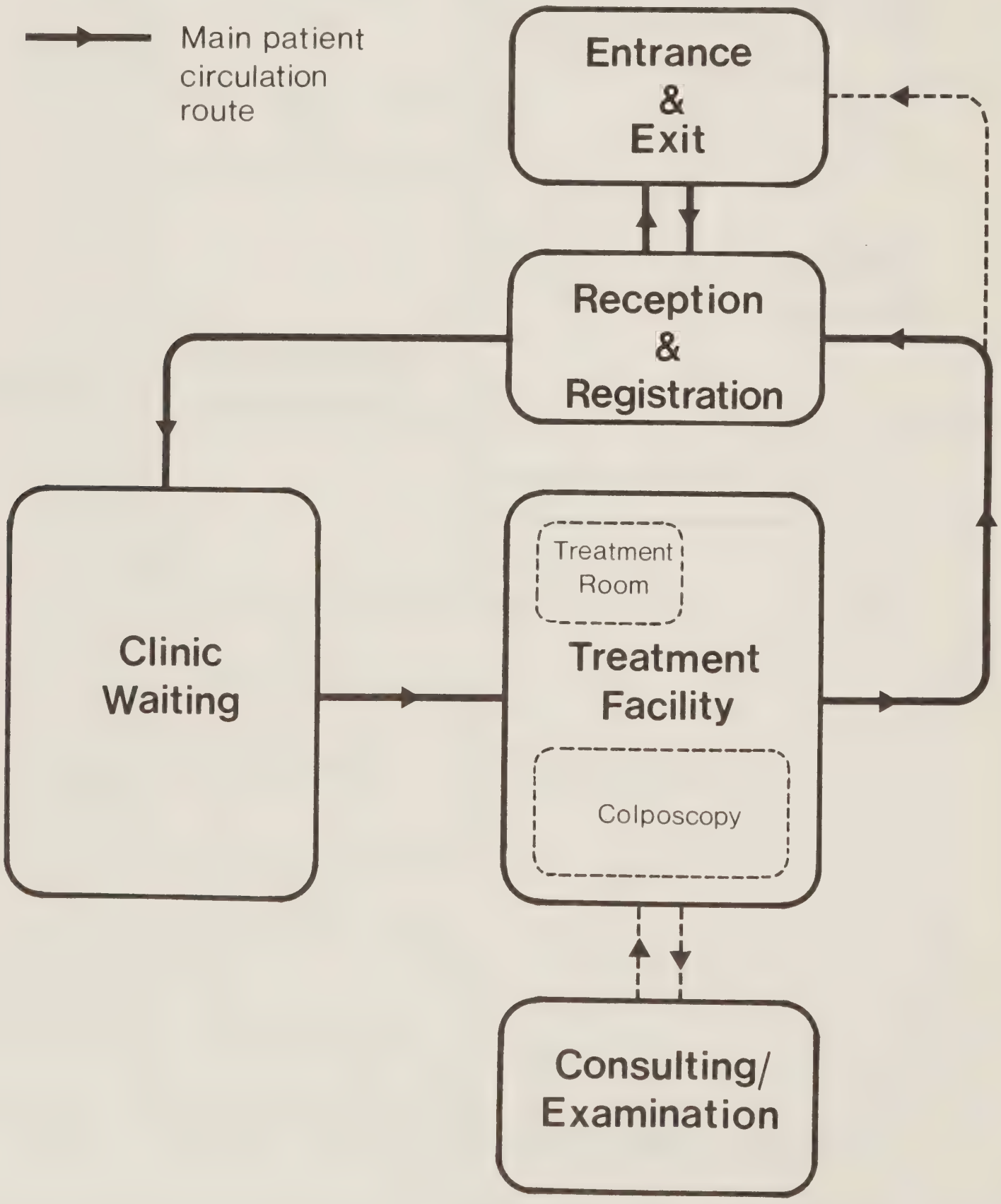


Fig. 10 Patient flow diagram: Use of Treatment facility in G.U.M. Out-patients Department (usually by appointment)

c. separate treatment clinics (with appointments), either on a sessional or permanent basis (see Figure 10).

3.9 The treatment room provides facilities for a range of procedures which may include:

a. administering and dispensing treatments;

b. colposcopy;

c. cryo-surgery and electro-cautery;

d. limited endoscopy;

e. lumbar puncture;

f. skin biopsy.

Interview room

3.10 Interview rooms are required for counselling patients, partners, families and friends and for health advising/contact tracing in conditions of maximum privacy and confidentiality.

Patient and specimen WCs

3.11 Most male patients will be required to provide a urine specimen. The proportion of female patients providing a specimen will vary in accordance with local clinical policy. The WCs should be located to discourage patients from passing urine before specimens have been taken.

Health records store

3.16 Health records contain private and confidential information and personal details about GUM patients and people associated with them. The NHS (Venereal Diseases) Regulations 1974 provide a legal requirement of confidentiality over and above medical confidentiality in other situations. It is essential that health records are handled and seen by as few staff as possible. Health records should leave the clinic only under exceptional circumstances; it is essential that accommodation is provided for them to be stored securely in the clinic.

3.17 Health records for GUM patients must be kept for a minimum of 8 years. The sizes of health records stores described in the Supplement are based on most paper records being retained for a period of 4 years, with years 5, 6, 7 and 8 on microfilm/microfiche. Records of patients with certain conditions, eg, syphilis, are retained indefinitely. (See Appendix 2 for details of how the stores have been sized.)

Signposting

3.18 It is stressed that GUM clinics should be clearly signposted:

a. from all patient entrances to the hospital;

b. in a standard style, ie, with signs which match those of other departments;

c. using the title 'Genito Urinary Medicine Clinic'.

Offices

3.12 Office facilities are required for medical staff, a sister/charge nurse, secretarial staff, health advisers and visiting staff in all sizes of GUM clinic.

3.13 Staff attending a small clinic may use the visiting staff office and/or offices elsewhere. Provision of dedicated offices is justified when they are in use for most of the week.

Primary analysis facility

3.14 This space used to be described as a laboratory. The term is considered to be misleading as it suggests accommodation with special environmental conditions where sophisticated analytical procedures are carried out.

3.15 All GUM clinics require primary analysis facilities for dealing with specimens. Little or no highly technical equipment is required. Principal activities include:

a. staining and microscopy, including provision for dark ground microscopy;

b. holding media in a refrigerator and specimens in an incubator, prior to transfer to the hospital laboratory;

c. centrifuging urine specimens.

Security

3.19 As GUM clinics may be held after 5.00 pm, when other parts of an OPD are not in use, consideration must be given to security.

Telephone services

3.20 Direct Dialling Inward should be provided where practicable to facilitate:

a. people telephoning for appointments and information;

b. patients telephoning for the results of tests;

c. pre-recorded messages for out-of-hours information.

4 Specific Functional and Design Requirements

Introduction

4.1 This Chapter must be read in conjunction with HBN12, 'Out-patients Department', for the description of general OPD accommodation. The specific functional requirements and design implications for a GUM clinic are described below.

4.2 Lists of activities and equipment and details of environmental conditions and finishes of walls, floors and ceilings are presented in the Activity Data sheets (Chapter 8 of this Supplement and Chapter 8 of HBN12).

Clinic reception

4.3 The design of the reception area must enable patients to be received and registered in privacy. To minimise the need for verbal, and so audible, communication of personal details, facilities may be provided for patients to complete a proforma in writing.

4.4 The location of the reception area should fulfil the following criteria:

a. allow reception staff to see the whole waiting area;

b. have direct access to the health records store;

c. have convenient access to the C/E rooms.

Clinic waiting area

4.5 The description of the clinic waiting area is included in HBN12, but in GUM clinics there must be provision for 'walk-in' patients in addition to those with appointments.

Combined consulting and examination rooms

4.6 Consulting and examination rooms in GUM clinics may be used by male and female patients for consultation, interview, clinical examination, collection of specimens of secretions, venepuncture and minor treatments such as therapy of warts, giving injections and dispensing drugs. Clinical examination using a colposcope may be performed here.

4.7 Examination couches should be fitted with adjustable lithotomy stirrups which can be used when examining female patients, and folded under the couch when not in use.

4.8 Flexibility is important. C/E rooms should be suitable for use by both sexes and other clinics. Specimen sinks, bidets and urinals should not be provided.

Treatment room

4.9 Treatment couches should be fitted with adjustable lithotomy stirrups which can be folded away when not in use.

4.10 Additional equipment may include diathermy equipment, cryo-surgical equipment, a cold coagulator, a loop coagulator and a colposcope (possibly with a teaching arm or video camera/television screen). Cryo-surgical equipment utilising high pressure nitrous oxide may be in regular use and should be connected into a purpose installed exhaust pipe, as specified in HBN12.

4.11 Many procedures will generate heat and odours which will need to be removed by means of mechanical ventilation.

Colposcopy room with consulting facility

4.12 A separate colposcopy room with consulting facility may be provided where there is a heavy workload. Facilities should be provided for carrying out treatments (see Treatment room, paragraphs 4.9 to 4.11) and for consulting, ie, a desk and three chairs. The colposcopy room may be run with a separate appointments system from the main clinic and have its own waiting space. The room should be located convenient to the treatment and utility rooms.

Interview room

4.13 Interview rooms used solely in connection with a GUM clinic should be located close to C/E rooms. They should be furnished to encourage maximum patient confidence.

Primary analysis facility

4.14 The primary analysis facility must be within easy reach of all the C/E rooms.

4.15 A sink, worktop and cupboard are required, together with a fuel supply for the heat source for fixing slides. A refrigerator, an incubator and a centrifuge are needed. These should be accommodated in the primary analysis facility but in the absence of a dedicated space, they should be located in the dirty utility room.

4.16 In small clinics, a C/E room may be designated as a primary analysis facility for the duration of a GUM clinic session.

Health records store

4.17 A dedicated secure store for health records on paper and microfilm or microfiche should be provided with direct access from the clinic reception area (see Appendix 2 of this Supplement).

4.18 HBN47, 'Health Records Department' (In preparation) includes guidance on planning a health records store. Adequate shelving and lighting are required. There should be provision for microfilm/microfiche readers.

Equipment store

4.19 Adequate space should be provided for the storage of equipment such as microscopes, colposcopes, cryosurgery units, microfilm/microfiche readers and other items.

5 Environmental and Other Topics

5.1 Chapter 5 of HBN12 contains guidance concerning aspects of function and design which are common to health buildings generally and which will need to be borne in mind when designing new buildings or up-grading existing premises. The guidance is relevant to the accommodation described in this Supplement.

6 Engineering Considerations

6.1 Most of the spaces required in a GUM clinic are described in HBN12 and the engineering requirements and standards described in HBN12 will therefore be applicable to GUM clinics. Significant activities which are specific to GUM clinics include colposcopy and the primary analysis of specimens.

6.2 Colposcopy is carried out in a treatment room and the use of this equipment does not impose any additional or special demands on the engineering services provided for the treatment room described in HBN12.

6.3 A self-contained primary analysis facility should generally be serviced to standards provided for a dirty utility room. Mechanical ventilation will be required and the arrangement and control of the lighting installation should be consistent with the use of microscopes. The heat source for fixing slides may be provided either electrically or from a natural gas supply if this is conveniently available.

7 Cost Information

Introduction

7.1 Most of the accommodation required for a GUM clinic is described in HBN12, which has cost allowances for general OPD facilities. Facilities specific to GUM clinics require to be added to these allowances.

7.2 The Monks report (see paragraph 1.4), recommended that the GUM clinic should be situated in the general OPD of a DGH. This advice has financial benefits. Disproportionately high levels of accommodation will be required if a GUM clinic is planned as a separate unit when it is not possible to share general OPD facilities. As much as 50% more accommodation may be required, thereby increasing both the initial capital outlay and the revenue costs of the unit.

Functional units

7.3 The functional units are taken from HBN12, ie, number of C/E rooms, for general out-patients provision. It is expected that a GUM clinic will be built as part of an OPD and, therefore, the number of C/E rooms required by the GUM clinic would form part of the calculation for the total number of rooms in the complete department. (See Appendix in HBN12).

7.4 These functional units will need to be supplemented by the addition of accommodation not normally provided in OPD clinics, but which is required for GUM clinics. As the circumstances of each project will be different, it is not possible to be prescriptive about the amount of supplementary accommodation which will be required. To allow maximum flexibility in calculating the total provision, the supplementary accommodation has been separated into individual activity spaces and project teams are at liberty to select the number and size of each of these spaces as appropriate to their scheme.

7.5 Schedules of areas for the supplementary accommodation required specifically by GUM clinics are provided at the end of this Chapter.

Works cost

7.6 To prepare an estimate of the works cost for a scheme, reference should be made to the Capricode Health Building Procedures manual (Chapter 1, Stage 1, Annexe 1c). The total departmental cost for a scheme is derived by aggregating the cost of the functional units for the required number of C/E rooms, as found in HBN12, together with the costs of supplementary accommodation taken as appropriate from this document.

7.7 The fittings and equipment required in the C/E room when required for primary analysis (see paragraph 4.16), or the treatment room, for colposcopy (see paragraph 4.9) differ from that found in the general OPD. Specia activity data has been prepared (see Chapter 8), but no extra area nor additional cost allowances are necessary.

7.8 The cost allowances cover the building and engineering guidance set out in these documents. The costing assumes that the clinic will be incorporated into a whole hospital to form a complete department.

Circulation

7.9 Space for circulation, which involves allowances for planning provision, a heating and ventilation zone adjacent to the external walls, small vertical ducts and partitions, has been added to each functional unit and is included in the cost allowances.

Communications

7.10 Staircases, lifts and plant rooms, with the exception of electrical switchrooms, are not included in the cost allowances. Corridors within the clinic, but not any linking it with other departments, are included in the allowances.

Dimensions and areas

7.11 At the earliest stage of a project, designers should have data available which enables them to make an approximate assessment of the sizes involved. For this reason, the schedules of areas, prepared for the purpose of establishing the cost allowances, are included at the end of this Chapter. It is emphasised that the areas published DO NOT represent recommended room sizes, maximum or minimum allowances, nor are they to be regarded in any way as specific individual entitlements. Project teams are referred to the ergonomic diagrams in Health Building Note 40, 'Common Activity Spaces'.

Engineering services

7.12 The following engineering services, as described in Chapter 6, and exemplified in the Activity Data (Chapter 8), are included in the cost allowances. Primary engineer

ing services (except mechanical ventilation) are assumed to be conveniently available at the boundary of the OPD:

a. *Mechanical services*

Heating: Low pressure hot water system, maximum surface temperature generally 82°C.

Ventilation: Mechanical supply and extract to meet clinical and functional requirements; other areas will be mainly naturally ventilated.

Cold water service: Centrally supplied to service points including drinking water and fire hose reels. Storage tanks excluded.

Hot water service: Centrally supplied to service points. Storage excluded.

Natural gas service: Centrally supplied to service points in primary analysis facility (if conveniently available—see paragraph 6.3).

b. *Electrical services*

General lighting as required by tasks.

Fluorescent, tungsten, safety and emergency luminaires, as appropriate.

Socket outlets and other power outlets for fixed and portable equipment.

Supplementary equipotential earth bonding connections.

Standby and safety installations from the main hospital supplies.

Patient/staff and staff/staff call systems.

Fire, security and drug cupboard alarm systems.

Impulse clocks.

Staff location extension to the hospital system.

Telephone internal cabling distribution and outlets. Handsets excluded.

Data transmission conduits only.

Schedule of Accommodation
Genito Urinary Medicine Clinic
(Supplementary Accommodation)

Activity space	*Space area sq. m*	*Circn. etc. sq. m.*	*TOTAL AREA sq. m.*
CLINICAL AREAS			
Colposcopy C/E and treatment	21.00	9.50	30.50
Primary analysis facility—			
2 workstations	11.50	5.00	16.50
3 workstations	13.50	6.00	19.50
STAFF FACILITIES			
Office/interview	9.00	4.00	13.00
STORAGE			
Health records—			
7,000 records	8.00	3.50	11.50
10,000 records	11.00	5.00	16.00

8 Activity Data

8.1 Chapter 8 of HBN12 contains an outline description of the 'Activity Data' system and a list of A-Sheet numbers and titles applicable to HBN12.

8.2 Specific individual activity spaces have been included in this Supplement. Listed below are further A-Sheet numbers and titles from which a selection may be made:

List of Activity Data A-Sheets

Activity Space	*A-Sheet Code No.*	*Para. No. in Supplement*
1. CONSULTING ROOM: EXAMINATION Sink for GUM clinic analysis only	C0218	4.16
2. LABORATORY: PRIMARY ANALYSIS FACILITY WORKSTATIONS 3	L0316	4.14
3. LABORATORY: PRIMARY ANALYSIS FACILITY WORKSTATIONS 2	L0317	4.14
4. HEALTH RECORDS: STORE, GUM	W0810	4.17
5. TREATMENT FACILITY: COLPOSCOPY With consulting facilities	X0110	4.12
6. TREATMENT FACILITY: COLPOSCOPY	X0111	4.9

Sizing of a GUM Clinic

Appendix 1

Introduction

1. This Appendix must be read in conjunction with the Appendix of HBN12.

2. The text of HBN12 and this Supplement identify some of the factors which must be taken into account when assessing the size of a GUM clinic. There is no simple formula but a method which may be helpful is detailed in the Appendix of HBN12. An abridged version is set out below.

3. The patient and staff data used are for illustrative purposes only. Project teams must substitute local figures.

Key factors

4. Key factors are identified at items A to E below:

A	Total attendances per annum (current or projected)	5,000	10,000	15,000
B	Average consultation time for all attendances (new, return and male and female patients) (in minutes) (see Monks report)	18	18	18
C	Average duration of a consultation period (in hours)	3	3	3
D	Working weeks in year	48	48	48
E	Rooms allocated per consultation period (minimum of 2 rooms)	2	2	2
F	Number of clinic sessions per week	9	9	9

Calculation

5. Step-by-step calculations are shown at items G to K below:

G	Annual consultation time required (in hours) (A × B ÷ 60)	1,500	3,000	4,500
H	Number of consultation periods per week (G ÷ (C ÷ D))	10.42	20.83	31.25
J	Number of room sessions per week (E × H)	20.84	41.66	62.50
K	Number of C/E rooms required (J ÷ F)	2.31	4.62	6.93
	in real terms	3 rooms	5 rooms	7 rooms

Factors used in sizing health records store

Appendix 2

1. The sizes of the health records stores have been related mainly to the quantity of storage shelving required.

2. Key factors used in calculating the quantity of storage shelving are identified at items A to D below:

A. Storage period of paper case notes (in years)—4
Dating back from the present time, it has been assumed that notes for years 1, 2, 3 and 4 will be stored as paper case notes and for years 5, 6, 7 and 8 on microfilm/microfiche.

A limited survey appears to indicate that only a very small proportion of notes are retrieved after breaks in attendance of four years.

Thick case note folders normally relate to regular attenders and, therefore, will not need to be micro-filmed/microfiched.

B. The number of case notes which can be stored in a given length of shelving—approximately 200 per metre run.

There are significant variations in the number of case notes stored per linear metre. Use of the standard ungussetted patient's folder (HMRF(REV)) has been assumed.

C. The number of new folders created per annum—approximately 150 per 1,000 attendances.

D. The capacity of a unit of storage shelving 5 shelves high and 900 mm wide—4.5 metres.

3. The number of units of storage shelving required is:

$$\frac{A \times C}{B \times D}$$

For example, for a clinic with 8,000 attendances per annum:

$$\frac{4 \times (150 \times 8)}{200 \times 4.5} = 5.33$$

Bibliography

(see also Bibliography in HBN12, 'Out-patients Department')

The Public Health (Venereal Diseases) Regulations, 1916

The NHS (Venereal Diseases) Regulations, 1974

Department of Health and Social Security

Letter from Chief Medical Officer to Regional General Managers 30th July 1986

Department of Health and Social Security

Report of the Working Group to Examine Workloads in Genito Urinary Medicine Clinics (The Monks Report)

Index

(Main references only)

	Paragraph
Access	3.5
Accommodation, GUM clinic	3.4
Activity Data	8.1
Activity Data specific to this Supplement	8.2
AIDS/HIV infection	1.3, 2.4, 2.6, 2.18
Appointment flexibility	2.14
Children	2.2
Circulation (cost)	7.8
Clinic reception	3.6, 4.3
Clinic waiting	3.5, 4.5
Clinical management of patients	2.16
Colposcopy	2.16, 4.6, 4.10, 6.2
Colposcopy room with consulting facilities	4.12
Communications (cost)	7.9
Confidentiality (and privacy)	2.1, 2.13, 3.10, 3.16, 4.3
Consulting and examination room	3.7, 4.6
Contact tracing	2.3, 2.17
Cost Information	7.1
Counselling	2.16, 2.19
Dimensions	7.10
Drug treatment	2.16, 3.9, 4.6
Engineering considerations	6.1
Engineering services (cost)	7.11
Entrance (see Access)	
Environmental and other topics	5.1
Equipment store	4.19
Functional unit	2.10, 7.3
Functions of GUM clinic	2.13
General functional and design requirements	3.1
General service considerations	2.1
GUM clinic accommodation	3.4
Health adviser	2.17, 3.10
Health records store	3.16, 4.17
Health records store, factors used in sizing	Appendix 2
HIV infection/AIDS	1.3, 2.4, 2.6, 2.18
Infections	1.3, 2.4
Interview room	3.10, 4.13
Laboratory (see Primary analysis facility)	
Location and relationships	3.3
Offices	3.12
Out-patients Department	1.1, 1.4, 2.12
Planning and design	3.2
Primary analysis facility	3.14, 4.14, 6.3
Privacy (and confidentiality)	2.1, 2.13, 3.10, 3.16, 4.3
Reception and registration	3.6, 4.3
Scale of provision	2.7
Scope of Supplement 1	1.1
Security	3.19
Signposting	3.18
Sizing of a GUM clinic	Appendix 1
Specific functional and design requirements	4.1
Specimen WC	3.11
Telephone services	3.20
Treatment procedures	3.9
Treatment room	3.8, 4.9
Trends	1.3
WCs	3.11
Workload	1.4, 2.7
Works cost	7.6

Printed in the United Kingdom for HMSO
Dd292998 8/90 C17 G443 10170

DH SUPPLEMENT 1 HEALTH BUILDING NOTE 12: GENITO URINARY MEDICINE CLINICS

HMSO

HMSO publications are available from:

HMSO Publications Centre
(Mail and telephone orders only)
PO Box 276, London, SW8 5DT
Telephone orders 071-873 9090
General enquiries 071-873 0011
(queuing system in operation for both numbers)

HMSO Bookshops
49 High Holborn, London, WC1V 6HB 071-873 0011 (Counter service only)
258 Broad Street, Birmingham, B1 2HE 021-643 3740
Southey House, 33 Wine Street, Bristol, BS1 2BQ (0272) 264306
9-21 Princess Street, Manchester, M60 8AS 061-834 7201
80 Chichester Street, Belfast, BT1 4JY (0232) 238451
71 Lothian Road, Edinburgh, EH3 9AZ 031-228 4181

HMSO's Accredited Agents
(see Yellow Pages)

and through good booksellers

© Crown copyright 1990
First Published 1990

This publication is not sold separately

£7.70 net (Package price, two publications)

ISBN 0-11-321308-5